

Amendments to the Claims:

This listing of claims will replace all prior versions, and listing, of claims in the application:

Listing of Claims:

Claim 1 (canceled)

Claim 2 (currently amended): The system method as recited in claim [[1]] 26, wherein the discount price list is a variable discount price list that tracks a known standard service/good price list.

Claim 3 (currently amended): The system method as recited in claim [[1]] 26, wherein the individuals pay a membership fee is paid by the individual to the network provider to join the health care plan.

Claim 4 (currently amended): The system method as recited in claim [[3]] 26, wherein the membership fee is paid by the individual's employer.

Claim 5 (currently amended): The system method as recited in claim [[3]] 26, wherein the membership fee is paid by the individual's business.

Claim 6 (currently amended): The system method as recited in claim [[3]] 26, wherein the membership fee is a renewal fee.

Claim 7 (currently amended): The system method as recited in claim [[1]] 26, wherein the member includes his/her family in the health care plan.

Claim 8 (currently amended): The system method as recited in claim [[1]] 26, wherein the medical service/good providers are selected from the group consisting of physicians, hospitals, physical therapists, nursing facilities, cancer treatment centers, optical and hearing aid dispensaries, hospices, clinics, pharmacies, chiropractors, dentists, medical supply stores, hospital supply stores and handicap equipment suppliers.

Claim 9 (currently amended): The system system method as recited in claim [[1]] 26, wherein the medical service/good provider is a doctor that works for a corporation.

Claims 10-11 (canceled)

Claim 12 (currently amended): The system method as recited in claim [[11]] 26, wherein the basic listings are provided to medical service/good providers free of charge.

Claim 13 (currently amended): The system method as recited in claim [[11]] 26, wherein the premium listings are provided to medical service/good providers upon payment of a premium listing fee.

Claim 14 (currently amended): The system method as recited in claim [[13]] 26, wherein the premium listings include a link to a customizable web page for the medical service/good providers that is accessible via a global telecommunications network.

Claim 15 (currently amended): The system method as recited in claim [[13]] 26, wherein the premium listings include a link to the medical service/good provider's web site.

Claim 16 (currently amended): The system method as recited in claim [[13]] 26, wherein the premium listings are customized for each medical service/good provider.

Claim 17 (currently amended): The system method as recited in claim [[10]] 26, wherein the discount price list and the medical service/good provider listing is accessible via a global telecommunications network.

Claim 18 (currently amended): The system method as recited in claim [[10]] 26, wherein the discount price list and the medical service/good provider listing are searchable by the members using one or more search criteria.

Claim 19 (currently amended): The system method as recited in claim 18, wherein one of the search criteria is based on geographic area.

Claim 20 (currently amended): The system method as recited in claim 18, wherein one of the search criteria is based on the services and goods provided by the medical service/good providers.

Claim 21 (currently amended): The system method as recited in claim [[1]] 26, further comprising the step of providing one or more advertisements provided by the network provider to the members.

Claim 22 (currently amended): The system method as recited in claim 21, wherein an advertiser pays the network provider an advertising fee to provide the advertisements to the members.

Claim 23 (currently amended): The system method as recited in claim 21, wherein the advertisement provided to a member is based on one or more search criteria used to search the medical service/good provider listing.

Claim 24 (currently amended): The system method as recited in claim [[1]] 26, wherein the network provider is an insurance provider.

Claim 25 (currently amended): The system as recited in claim 24, wherein the insurance provider provides members with major medical insurance in return for payment of one or more major medical premiums.

Claim 26 (currently amended): A method for providing a health care plan comprising the steps of:

receiving a membership fee from one or more individuals to become members of the health care plan;

obtaining information from one or more medical service/good providers that have joined the health care plan; and

providing a discount price list and a medical service/good provider listing to the members that regulates the cost of services/goods provided to the members by the medical service/good provider such that the members pay the medical service/good providers in-full directly for any services/goods rendered to the members based on the discount price list, and wherein the medical service/good provider listing comprises basic listings and premium listings for the medical service/good providers.

Claim 27 (currently amended): A computer program embodied on a computer readable medium executable by a server for providing a health care plan comprising:

a code segment for receiving a membership fee from one or more individuals to become members of the health care plan;

a code segment for obtaining information from one or more medical service/good providers that have joined the health care plan; and

a code segment for providing a discount price list and a medical service/good provider listing to the members that regulates the cost of services/goods provided to the members by the medical service/good provider such that the members pay the medical service/good providers in-full directly for any services/goods rendered to the members

based on the discount price list, and wherein the medical service/good provider listing comprises basic listings and premium listings for the medical service/good providers.

Claim 28 (currently amended): An apparatus for providing a health care plan comprising:

 a server;
 one or more storage devices communicably coupled to the server, the one or more data storage devices containing a discount price list and a medical service/good provider listing provided to one or more members of the health care plan that regulates the cost of services/goods provided to [[a]] the members of the health care plan by a medical service/good provider such that the member pays the medical service/good provider in-full directly for any services/goods rendered to the member based on the discount price list, and wherein the medical service/good provider listing comprises basic listings and premium listings for the medical service/good providers;

 a communications interface communicably coupled to the server that allows [[a]] the members to access the discount price list and the medical service/good provider listing; and

wherein the member is an individual that has paid a membership fee to join the health care plan.